

MDR Tracking Number: M5-04-2972-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution - General and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. The dispute was received on 05-11-04.

The Medical Review Division has reviewed the enclosed IRO decision and determined that **the requestor did not prevail** on the issues of medical necessity. The IRO agrees with the previous determination that the work hardening was not medically necessary. Therefore, the requestor is not entitled to reimbursement of the IRO fee.

Based on review of the disputed issues within the request, the Medical Review Division has determined that medical necessity fees were the only fees involved in the medical dispute to be resolved. As the services listed above were not found to be medically necessary, reimbursement for dates of service from 05-20-03 through 06-06-03 is denied and the Medical Review Division declines to issue an Order in this dispute.

This Findings and Decision is hereby issued this 23rd day of September 2004.

Debra L. Hewitt
Medical Dispute Resolution Officer
Medical Review Division

DLH/dlh

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NOTICE OF INDEPENDENT REVIEW DECISION

September 15, 2004

Re: IRO Case # M5-04-2972

Texas Worker's Compensation Commission:

Envoy Medical Systems, LP (Envoy) has been certified as an independent review organization (IRO) and has been authorized to perform independent reviews of medical necessity for the Texas Worker's

Compensation Commission (TWCC). Texas HB. 2600, Rule133.308 effective January 1, 2002, allows a claimant or provider who has received an adverse medical necessity determination from a carrier's internal process, to request an independent review by an IRO.

In accordance with the requirement that TWCC assign cases to certified IROs, TWCC assigned this case to Envoy for an independent review. Envoy has performed an independent review of the proposed care to determine if the adverse determination was appropriate. For that purpose, Envoy received relevant medical records, any documents obtained from parties in making the adverse determination, and any other documents and/or written information submitted in support of the appeal.

The case was reviewed by a physician who is Board Certified in Physical Medicine and Rehabilitation, and who has met the requirements for TWCC Approved Doctor List or has been approved as an exception to the Approved Doctor List. He or she has signed a certification statement attesting that no known conflicts of interest exist between him or her and any of the treating physicians or providers, or any of the physicians or providers who reviewed the case for a determination prior to referral to Envoy for independent review. In addition, the certification statement further attests that the review was performed without bias for or against the carrier, medical provider, or any other party to this case.

The determination of the Envoy reviewer who reviewed this case, based on the medical records provided, is as follows:

Medical Information Reviewed

1. Table of disputed service
2. Explanation of benefits
3. Extensive work hardening records
4. MRI report left wrist
5. EMG/NCS evaluation 1/3/03
6. MRI report cervical spine
7. Initial clinical interview 6/6/03, 6/9/03
8. Initial FCE 5/7/03
9. Psychological assessment 6/24/03
10. Physical therapy notes
11. Clinic follow up notes

History

The patient is a 53-year-old male who in ____ was hit in the back of his head by a heavy bar, and he was knocked down. He soon felt pain in his neck and shoulder, with radiation down his left arm. Because of persistent symptoms and failed non operative management with physical therapy, nerve conduction studies were obtained. These demonstrated a bilateral C6-7 motor radiculopathy with the left side being involved more than the right. The patient received extensive physical therapy, medications and three epidural steroid injections without relief of his symptoms. An MRI of the cervical spine in 1/29/03 confirmed severe stenosis at the C6 level. The patient was started on a work hardening program that was terminated on 6/6/03 because of the failure of the patient to progress. The patient had significant psychological barriers and was unable to tolerate the work hardening program because of severe pain. For some reason, prior to starting the work hardening program, the treating physician reported that the patient had no improvement at all from the three epidural steroid injections, but the

physician did not recommend surgical evaluation, and somehow the patient was referred to the work hardening program.

Requested Service(s)

Work hardening 5/20/03 – 6/6/03

Decision

I agree with the carrier's decision to deny the requested work hardening

Rationale

The patient had both objective and subjective evidence of cervical radiculopathy. He had failed conservative management, including physical therapy and three epidural steroid injections. At that point, the patient should have been referred for a spine surgery consultation and a second opinion; not a work hardening program. The patient obviously could not tolerate the work hardening program due to exacerbation of his pain. A work hardening program was not indicated at that juncture in the patient's treatment.